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sur le troisième âge

Moving ahead with aging in Canada



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Moving ahead with aging in Canada



National Advisory Council on Aging
October, 1983

Cover illustration: The logo for the World Assembly on Aging depicts a stylized banyan tree within a circle. It symbolizes longevity, self-reliance, continuing growth and a community meeting place. The logo was designed by Oscar Berger, an 80-year-old artist from the United States.



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"Perspectives nouvelles sur le vieillissement au Canada"

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The UN World Assembly on Aging, which was held in Vienna, July 26 through August 6, 1982, created much interest in Canada and throughout the world.

The Assembly adopted unanimously, the International (Vienna) Plan of Action on Aging. The assenting nations, in so doing, accepted responsibility for pursuing the principles and recommendations in the context of their own historic cultures, priorities and resources.

The Government of Canada, as an assenting nation, is in the process of developing a National Plan of Action on Aging, naturally in keeping with the federal, provincial and territorial areas of responsibility in this field.

The Second National Conference on Aging, in Ottawa, October 24-27, this year, marks the start of the process. Convened by Honourable Monique Bégin, Minister of Health and Welfare Canada, the conference brings together some 100 governmental and 200 non-governmental persons directly involved in matters affecting the well-being of our aging.

This publication by the National Advisory Council on Aging is designed to provide background on the Vienna Conference and Canada's participation. The emphasis is on the process from the point of view or perspective of the non-governmental sector. (Credit for the NGO involvement in portraying aging in Canada, belongs to Honourable Monique Bégin. She requested the National Advisory Council on Aging to assemble views, and she included five senior citizens in the Canadian delegation.)

As will be explained, this publication complements the Canadian Governmental Report on Aging with its richness of data and analysis.

The five sections herein deal with: the process by which Canada prepared for the World Assembly on Aging; the Non-governmental Organizations' (NGO) Report; the process by which the United Nations put together the World Assembly on Aging; Senator Maurice Riel's address to the World Assembly and the summary (abridged) of the International (Vienna) Plan of Action on Aging.

Section One

Canada's Preparations

SECTION ONE

CANADA'S PREPARATIONS FOR THE
WORLD ASSEMBLY ON AGING

In preparation for the World Assembly on Aging in Vienna, Canada produced two documents:

- Canadian Governmental Report on Aging;
- NGO (Non-governmental organizations) Report on Aging.

Both resulted from nationwide consultation with and contributions by governmental and non-governmental bodies.

The documents represent the state of aging in Canada, when they were compiled in the spring of 1982.

CANADA'S PREPARATIONS
FOR THE WORLD ASSEMBLY
ON AGING

Canada prepared two documents for the World Assembly: The CANADIAN GOVERNMENTAL REPORT ON AGING; and the CANADIAN NGO REPORT ON AGING. (NGO is the Non-Governmental Organizations and includes citizens, their groups and agencies working for and with senior citizens.)

The two documents have different focuses.

The Canadian Governmental Report provides substantial data on population trends and on support services.

The NGO Report dwells on the needs of senior citizens mainly from two points of view: their being a useful and integral part of society; and what is essential for Independence with Assurance.

The NGO sets out "imperatives" as seen by the present generation of seniors and by professionals associated with them.

Successful completion of the two documents can be attributed to the enthusiasm of Honourable Monique Bégin and her commitment to the World Assembly; to the corresponding provincial and territorial ministers and their staffs; to the National Advisory Council on Aging; to the secretariat put together for the task; and to many contributors of information and opinions.

The CANADIAN GOVERNMENTAL REPORT ON AGING was a coordinated effort with these components contributing:

Federal departments involved in the interdepartmental committee:

Canada Mortgage and Housing Corporation
Employment and Immigration
External Affairs
Finance
Health and Welfare
Indian Affairs and Northern Development
Labour

Privy Council
Secretary of State
Social Development
Statistics
Status of Women
Treasury Board

Internal Committee, Health and Welfare with
representatives from the following branches:

Health Protection
Health Services and Promotion
Income Security
Medical Services
Policy, Planning and Information
Social Service Programs

Federal-Provincial/Territorial Committee of members
appointed by deputy ministers:

Each deputy minister had prepared a statement
providing pertinent data regarding aging in his
province, with special attention to services
being provided to senior citizens.

The statements and data were consolidated with
those of the federal government.

This consolidated information became the
Canadian Governmental Report on Aging.

The CANADIAN NON-GOVERNMENTAL ORGANIZATIONS' REPORT ON AGING
came about through a vast network of consultations, which
culminated in a national conference on aging, in Ottawa,
February last year (1982).

Across Canada, senior citizens groups discussed a number of
questions which dwelt on the developmental and humanitarian
issues to be considered by the World Assembly on Aging.
Many individuals also responded on their own.

The national conference, February 5, 6 and 7, was by
invitation. The 101 persons invited were prominent workers
in seniors' groups and representatives of national
organizations working with and for senior citizens.

(The work was undertaken by the National Advisory Council on
Aging at the request of Health and Welfare Minister,
Monique Bégin.)

The NGO Report does not present data, as that would duplicate the Governmental Report. Rather, it states the "imperatives" as observed by this generation of seniors and by professionals working with seniors.

The text of the NGO Report follows in the next section.

Section Two
Canadian Non-Governmental Organizations
Report (NGO)

SECTION TWO

CANADIAN NON-GOVERNMENTAL
ORGANIZATIONS (NGO) REPORT ON
AGING IN CANADA

The Collective Wisdom of Senior
Citizens and of Voluntary
Agencies involved with Seniors,
regarding the Developmental and
Humanitarian Aspects of Aging in
Canada.

The Report was prepared at the
request of Health and Welfare
Minister Monique Bégin. The
Report was presented to her for
Canada's submission to the World
Assembly on Aging.

Note: Some minor changes have
been made in the original
text.

CANADIAN NON-GOVERNMENTAL ORGANIZATIONS (NGO) REPORT
TO THE HONOURABLE MONIQUE BÉGIN,
MINISTER OF NATIONAL HEALTH AND WELFARE
FOR THE WORLD ASSEMBLY ON AGING,
VIENNA, 26 JULY - 6 AUGUST, 1982

The viewpoints and perceptions are those of senior citizens and of non-governmental organizations working for the well-being of senior citizens in Canada.

INTRODUCTION

This report is one of two prepared for the UN World Assembly on Aging, for the use of the delegation representing the Government of Canada.

The viewpoints and perceptions are those of senior citizens, professionals and national, provincial, regional and local organizations interested in and working for the well-being of older persons.

This report complements the Canadian Governmental Report. The latter provides data on the policies and programs directed to aging Canadians through federal, provincial, territorial and municipal jurisdictions.

The viewpoints and perceptions are the product of the vast amount of discussion held across Canada and which came to culmination in the 3-day conference-seminar held in Ottawa, February 5 - 7, 1982.

This conference was attended by 101 persons comprised of senior citizens, professionals and academics working in the field of aging. They came from our ten provinces and the territories.

It is difficult to convey, through printed words, the energy and dedication which the participants put forward. Their enthusiasm is evidence that the position of older persons in Canadian society, has caught the attention and interest of our nation.

The entire consultation process was carried out by the National Advisory Council on Aging. The Advisory Council, under federal Order-in-Council, is charged with assisting and counselling the Minister on matters relating to the quality of life of Canada's rapidly growing, aging population.

Discussion of aging in Canada, centred on developmental and humanitarian issues in keeping with the agenda of the World Assembly on Aging.

The NGO report, therefore, follows these two divisions: developmental and humanitarian.

In advance of what follows under these two headings, it is important to emphasize that certain "imperatives" emerged. Imperatives are the sine qua non, the absolute essentials which must exist and flourish within the Canadian society if the potential of the older population is to be developed.

Three imperatives, in particular, will influence the direction that a Canadian Plan of Action will take:

1. Our senior citizen population must be a functional, useful, integral part of Canadian society.
2. Seniors must be involved in the development of policies and programs which affect them.
3. Independence with Assurance, is the best recipe to ensure the well-being of older persons who, inevitably, come to be at risk.

Older persons need to be assured of:

income
shelter
health care
transportation
self-development
human connections.

Recognition and acceptance of the imperatives will bring Canada into the age of enlightenment in aging.

While human connections did not receive separate attention as a discussion topic, they were taken as inherent in all aspects of aging.

Human connections, it was recognized, in the kind of impersonal society in which we live, must be cultivated. A Canadian Plan of Action must, therefore, focus on human connections in the primary groups -- families, neighbourhoods, friendship circles, clubs and churches.

The support systems must also give major attention to human connections to enhance well-being. Our discussion-participants emphasized our Canadian society must be a caring one.

I. DEVELOPMENTAL ISSUES

Developmental issues pertain to the relationship to and influence on the total fabric of Canadian society, by the total senior citizen population. Developmental issues are social, economic, cultural and political in nature.

One single message came through with unmistakable clarity in both group and individual responses: "Our senior citizen population must be a functional, useful, integral part of Canadian society. Anything less must be unacceptable." It is an objective still to be achieved because of the long history of dependency to which older persons have been relegated.

The deep feelings about older persons being considered inferior, showed in many comments. An 84 year-old lady wrote: "I may be a little less vigorous and my income has shrunk, but otherwise I do not feel different from other people."

Compulsory retirement as a developmental issue

"Losing a job has no more to do with age than with the colour of one's eyes; it should be related to performance."*

Compulsory retirement, for the most part at 65, is a developmental issue; it is one of the major obstacles to improving the status of the elderly. Retirement has the implication of value terminated. (There is no legislation in Canada that sets 65 as the retirement age. However, it is the general practice mainly because Canada's universal old age pension starts at 65.)

The widespread opinion of our participants in the discussions, was that compulsory retirement must be replaced by a form which provides a number of options and has appropriate linkages with pensions plans.

Another prime target emerged. It is the matter of involvement of senior citizens in affairs in which they have a stake. "Seniors must be involved in the development of policies and programs which affect them.

* Quotations from statements submitted by participants.

This applies to all levels of government, social agencies and senior centres." The past and present relationships, in general, look upon older persons as consumers of services rather than as partners in the action.

Acceptance of seniors as partners in the decision-making process requires re-educating of politicians, officials, professionals and older persons themselves.

Our discussion-participants say this partnership must be a goal if the status of older persons in Canadian society, is of importance. It is!

Senior citizens and governments as a developmental issue

"No government has the right to decide on the life-style or way of thinking of the older persons, but it must help them improve their quality of life." (Translated from French)

The on-going relationships of senior citizens to government, are a major aspect of the total scene. Whether federal, provincial or local, governments must decide what kinds and how much support are to be assured for older persons. In Canada, these decisions have been part of the democratic process: social needs and injustices are brought into public discussion, and at some point, governments take notice and act. That process must continue to function and be encouraged; it is the way to improve the lot of the aging.

Assurance of support in those aspects of living which the older person is not always able to provide for, must be the responsibility of government. This need for government intervention is an outcome of the industrial-economic base of our Canadian society.

The Canada-wide discussions revealed strong opinions about the relationships of older persons to government, and about federal-provincial government relationships. Most prefer that older persons not be dependent in any way on government or on agencies. This attitude is in keeping with the ethic of our pioneer period of development; it is the ethic of self-reliance and independent enterprise. However, government intervention today is essential when there is need for appropriate support which cannot be provided, as well in other ways.

The relationship between our federal and provincial governments as a developmental issue

"The federal level of government should continue to establish policy in general terms. Details of policy and implementation should be at provincial and municipal levels, which are nearer to the persons concerned."

Responsibilities between federal and provincial governments are so determined that the federal government has jurisdiction over matters of national concern and scope. The provincial governments have jurisdiction over matters which might be described as unique to their geographical areas, resources, populations, historical antecedents and ambitions of their peoples.

Within this constitutional framework, our discussion-participants say the federal government must be expected to guarantee a basic standard of living and basic health care to all Canadians. Anything less creates gross disparities from province to province, between the wealthier and the poorer provinces, because of location and resources. Even under present support and equalization programs, considerable disparity exists.

Our participants are of the opinion that public education at all levels of government should promote a positive national attitude and, hence, enthusiasm regarding aging.

Governments and research in aging as a developmental issue

"Also, the real needs of older persons run a risk to be forgotten or inadequately taken into consideration if we do not assure and encourage their active participation in research projects concerning them." (Translated from French)

It is also firm opinion that the federal government use its financial resources to stimulate research capability into social issues, national economic strength, service delivery, standards of care and bio-medical aspects of aging. It is felt that such research must have practical applications.

Income support as a developmental issue

"We believe that a strong federal presence is necessary to ensure an adequate minimum level of income, services and resources to enable all Canadians to live independently and inter-dependently in the community."

Our discussion-participants acknowledge that the federal and provincial governments, in recent years, have made substantial improvements with respect to guaranteed income support and health care. However, the object of the exercise was to indicate directions for improvements.

Controlling costs as a developmental issue

"The cost of future programs should be measured not just as cumulative dollar costs for individual programs but in relation to the whole financial impact of an aging population."

Naturally, our participants are concerned about costs of income support and services to older persons. There exist differences of opinion as to whether services should be provided free of charge, or at charges related to ability to pay. In any case, three pressures are affecting costs:

Inflation, which is a world-wide condition, and which itself causes the need for larger budgets.

Canada's increasing number of older persons.

The desire to upgrade the place of seniors in our society, and to upgrade services by putting into practice knowledge available from gerontology and geriatric health care.

Whether the country can afford to meet its obligations to our older citizens, is still a matter of much analysis and debate. Data can be selected, used and interpreted in so many ways, and there are many unknowns.

Strong views are held regarding the need to maintain and make advancements in co-operation and co-ordination. Each government must take action to establish coordinating mechanisms within their respective jurisdictions and between governments. The objective must be to reduce costs and improve service, not to create more government.

II. HUMANITARIAN ISSUES

Humanitarian issues concern such matters as health and support services; individual income; opportunities for community involvement; housing; personal self-development; and human connections.

There is a substantial, inescapable relationship between humanitarian and developmental issues in modern society. However, there are differences of opinion. Our discussions on aging revealed some polarization. There are those who stand for complete individual responsibility for later years. There are those who stand for total assurance of basic income and services. The majority support, "independence with assurance".

Preparation for retirement as a humanitarian issue

"There should be more courses available on pre-retirement. If people are better prepared before retirement, they will be better able to cope with the problems of retirement. Governments, employers and unions should co-operate in establishing pre-retirement courses."

Preparation for later years, is a prime humanitarian issue in this delicate balance between independence and assurance. Our discussion-participants see the need to start with children to develop positive life-styles which will carry them through life. The basic elements are indicated by such objectives as:

Total health -- body, mind, soul.

Learning in order to be motivated, adaptable and caring.

Acquiring the ability to recognize and use options.

Desiring to make a social contribution, often stated as, "paying your rent for the privilege of living".

Desiring to accumulate a wealth of experiences, particularly those which enrich the inner person.

Our participants see the need for pre-retirement planning. This involves counselling and group discussions led by persons who understand what happens after retirement from regular, traditional employment.

Pre-retirement programs, they say, must focus on changes in income; shelter and health; use of leisure and social involvement; and on inevitable crises such as death of spouse.

There is much uncertainty as to the best approach to retirement, and more exploration is necessary to obtain answers.

Health as a humanitarian issue

"...adequate care and rehabilitation of chronically ill old people cannot take place without trained staff."

We have considered health as a developmental issue. Health care delivery systems make large and increasing demands on federal and provincial budgets. There is also a negative social cost where illness prevails.

Our discussion-participants have definite ideas about health as a humanitarian issue.

In the first place, the majority of older persons have relatively good health. They keep well. A minority experience age-related diseases that are crippling. While these are not unique to older persons, the incidence is much higher than among the young. It is this minority who require extended care and consume large amounts of medications and other treatment.

Our participants say two developments must occur in Canada. There must be a steady, consistent emphasis on keeping well; and secondly, an emphasis on alternatives to institutional care. Both have life-style benefits, and both reduce health care costs.

Alternatives to placement in institutions are well known. They include home support services using visiting paramedics, trained volunteers, home-makers and handymen, and meals-on-wheels; day treatment and day care centres; medication monitoring by pharmacists; and alert systems to bring emergency aid. Problems occur when inadequate and/or incompetent services are provided. These are deficiencies which require attention and action.

Every province in Canada has public and private care institutions, commonly called nursing homes. In the past, and to a large extent today, they are based on an acceptance that old age is a disease and that little can be done, or needs to be done for residents/patients. Our discussion-participants recognize many improvements have taken place in many care facilities. Improvements have been made in environment, activity, medications, contacts with community, use of volunteers, food presentation, resident councils, housekeeping. These improvements must be spread to every care facility.

In addition, there has been development of more positive attitudes on the part of nursing home professional and general staffs. The objective must be to have these positive attitudes, backed up by high level competency in skills required for all health care services. Our participants emphasize the need for selecting suitable workers and for training. In Canada, we have much to do in this field. Interest, concern and co-operation are required from the training schools and colleges of medicine, dentistry, chiropody, nursing, occupational and physiotherapy, dietetics, and others which have older persons as patients/clients/customers.

Older persons put good health and keeping well, as their first desire: "Without good health, you have nothing", is how they express its value. But throughout Canada, in rural and urban areas, in cities and tiny pockets, there is no widespread commitment to life-styles which focus on good health and keeping well. It's still a national challenge.

Our discussion-participants, including those who respond individually, provide some clues. Their remarks indicate the state of knowledge about achieving good health and keeping well. Volumes have been written. There are specialists in heart diseases, cancer, circulatory disorders, diet deficiencies, arthritis. There are specialists in exercise. There are fad advocates and distributors. There are cultists. There are weight watchers.

These single routes to good health and keeping well have one message as far as our participants indicated. The ideal life-style has not yet been written into a prescription. The federal government must address resources to put together the prescription and make good health and keeping well a national goal. To date, it has promoted fragments, but not the holistic approach, for all age groups.

Income security as a humanitarian issue

"First among the priorities should be the provision of an income on which older persons can live in comfort and dignity."

Canadian citizens and landed immigrants are assured of full or partial, universal, non-contributory old age pension. They are assured of a guaranteed income supplement depending on their level of income. They qualify by proof of age (65) and by length of residence in Canada.

In addition, there are the Canada/Quebec, company and union pension plans. Most are contributory.

The Canada/Quebec pension plans have serious gaps. Women are not able to cover periods when they withdraw from the labor force to raise a family. Housewives are not included. Private plans have serious weaknesses. They are rarely indexed, are not fully portable, and often do not provide survivor benefits.

Here again, the humanitarian and developmental issues are connected. The national government must intervene and the Government of Canada has assumed that responsibility. Steps are under way to reform the total pension system.

Our discussion-participants hold many different opinions regarding assuring senior citizens of adequate income. The work-hard-and-save proponents support a basic old age pension and further supplement; but some would revert to a means test to reward the thrifty. Others want an actuarially sound plan, although uncertain of what that entails. Others want a well-controlled pension scheme that provides benefits on the basis of compulsory and optional contributions.

New work roles as a humanitarian issue

"The average Canadian worker changes jobs several times in his career. Changing job at 65 or 70 should not be considered as retirement from work but as an opportunity to do something else with or without remuneration."

The concept of optional retirement and of new work options, is a recent development in Canada.

For many years, age 65 has been taken as time to retire right out of the employment market. However, acceptance of compulsory retirement is undergoing considerable modification. The idea of optional retirement with options for work, is growing. There is opposition for two reasons: concern for younger workers in need of opportunities; and belief that every worker is entitled to work-free years in later life.

Our participants put forward many ideas for developing new work options, especially in the volunteer sector. They see the need for a community agency dedicated to second-career training. Such would be broad in concept and highly creative. It would include training in avocations and skills required by community organizations in a wide range of activities -- cultural, educational, political, health services, recreational, housing, information and referral, historical documentation and non-profit commercial business.

New options for continuing in present employment are catching attention. Of special interest are steps being taken by several large corporations in the United States of America, to use their older employees to the advantage of employees and employers. There are instances of job-sharing, short work-weeks, time-sharing with community enterprises, teaching, extended vacations, and less physically-demanding placements. Our participants show enthusiasm for these innovations and would commend them to the private and public sectors in Canada.

Continuing education and use of leisure as a humanitarian issue

"The ability of elderly people to learn and to teach is routinely under-estimated and under-used."

Retired persons are a leisure class. They are not bound by the constraints of regular work. They have freedom to decide how they will use their time and energy.

How they use their time is a humanitarian issue. Our participants, the majority retired for a number of years, tend to condemn what they see as the idle use of time. When this happens, older persons are actually writing themselves off; they do not recognize their own potential for physical, intellectual, and spiritual development.

There is substantial research evidence that continuing development is a reality of life, if it is pursued. The converse is true: inattention to development

leads to deterioration. In group discussions, we heard the adage: "If you want to keep it, use it". Every participant had excellent examples of persons who are remarkable at 80, even 90 years of age. The message is gradually getting through that the calendar is no accurate indicator of well-being.

In Canada, virtually every community provides opportunities for personal development -- schools, colleges, universities, senior centres, discussion groups, recreational centres, parks and the vast out-of-doors.

The need is to connect seniors with these resources so the majority rather than minority participate.

Starting to emerge are learning programs for seniors, and there are successful models that illustrate the conditions to which older persons respond favorably as in the case of Elderhostel programs and Third Age universities. Factors include location, access, time, physical and human environment, and social interaction. Seniors must be involved in the planning and carrying out of the program; that's the key factor to success.

Habitat/shelter as a humanitarian issue

"Government licensing standards for private, guest and nursing homes should be enforced. However, there should be recognition that the smallness of these homes is an asset since, when well run, they provide intimacy and home-like atmosphere that is impossible to create in large institutions."

Changes in circumstances in later years make shelter a humanitarian issue. Solutions, however, are difficult today because of inflation and escalating costs. Alternatives are scarce.

The problems often rest in the old couple in a large house. They feel an inability to cope with maintenance; with increasing taxes, fuel and utility costs in face of fixed income; and with changing neighborhood conditions.

Our discussion-participants hold the view that a range of options must be available in the way of shelter, and say it is the responsibility of government to ensure they are. They recognize that subsidies must be provided through a number of means: providing land and low-cost mortgage money; grants on a per unit basis; assumption of a portion of operating costs; rent-assistance paid directly to senior citizen renters.

Our participants look favorably upon such shelter arrangements as conventional senior citizen housing projects; cottage clusters; granny flats; shared accommodation; commercial housing; communal living; open market housing. They support conditions which have proven to receive favorable response from older people: closeness to a familiar environment; closeness to stores, banks, community services and to professional services; building managers with empathy; facilities for socialization and leisure-time pursuits; back-up services when needed; nearness and access to transportation; and residents' councils.

Our participants are aware of pitfalls -- the older persons' ghetto; inappropriate mixes of people in terms of ethnic background, behavioral patterns, and interests; and social problems, especially alcoholism.

Transportation as a humanitarian issue

"In those communities of insufficient size to support public transportation services steps should be taken to develop special transportation services for the frail elderly and those who are handicapped."

In all the requests which go to government from senior citizen organizations, improvements in transportation for the elderly is included more frequently than any other. Cost is the main reason for it not being provided -- cost of modified vehicles and cost of operation.

The case for available, suitable transportation has been well-established. It dwells on the negative consequences of older, less mobile persons being unable to get out into the community. It emphasizes the positive benefits of older persons being able to maintain their independence by doing what they desire to do outside their walls.

Costs in Canada tend to be astronomical because of the spread of population over a wide area. This is more evident when we leave the larger cities of Montreal, Toronto and Vancouver. Even these cities have large suburban sprawls. Customized transport, with door-to-door service, requires heavy subsidies in our country; user charges scarcely make a dent in the total cost. However, a number of efficient systems are in operation through the regular transit authorities and through the volunteer sector.

Our discussion-participants see transportation as a broader issue than assuring local services. They see the importance of tours as being a valuable part of seniors' continuing development. They believe the full potential of tours has hardly been scratched even though many are being operated. Strongly advocated is a program of seniors seeing Canada, particularly Ottawa, our capital, and great beauty spots of other provinces.

Other humanitarian issues

"... the greatest need of elderly persons is to be recognized as individual human beings with individual feelings, desires and aspirations. It is a need they share with all other human beings whatever their age may be."

Our requests for viewpoints dwelt on those matters which will be considered at the UN World Assembly on Aging. These matters do not and cannot cover the spectrum of life at the aging stage. In any case, the total situation is always much more than the sum of parts, as it is in the human body.

We have issues that are unique to Canada in contrast to smaller, densely populated countries. It is difficult to level out economic, social and environmental conditions so as to assure older persons of support which they might not be able to provide for themselves.

We also have difficulties because so much of what we desire to do, depends on money. The needs of older persons much compete with the needs of other segments of the Canadian society which require services and subsidies. The allocation of the federal, provincial and local government income resources, is a political decision based on many considerations and pressures.

SUMMARY

While the object of the consultation exercise was to assemble viewpoints, and to share these with countries at the World Assembly on Aging, the exercise has many benefits to our own people.

As stated, consideration of the developmental and humanitarian issues generated a vast amount of discussion. The final seminar in Ottawa, was one of the finest, according to most participants. Individual written responses came from many who otherwise wouldn't have been involved.

Key words were used over and over again: independence, involvement, options, participation, growth, personal worth, contribution to society, recognition, voice and caring.

Consensus is virtually impossible among senior citizens. However, an excellent composite picture unfolded, for the first time in Canada, regarding aging.

The National Advisory Council on Aging will be using the viewpoints and ideas to stimulate further discussion across our country, among those with a stake in aging, which is everyone.

NATIONAL ADVISORY COUNCIL ON AGING

MEMBERS AND SECRETARIAT, 1982

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Section Three

The Assembly – Process and Action

SECTION THREE

THE UN WORLD ASSEMBLY ON AGING -
PROCESS AND ACTION

Many references are made to "developed" and to "developing" countries.

Generally, "developed" is applied to all the countries of Europe, and to the USSR, Canada, USA, Japan, New Zealand and Australia. Generally, "developing" is applied to the remaining countries of the world.

The spectrum is broad from the most under-developed country to the most developed.

THE WORLD ASSEMBLY ON AGING
FOUR YEARS IN PREPARATION

December 14, 1978, the General Assembly of the United Nations adopted this resolution 33/52:

"To organize a World Assembly in 1982, as a forum to launch an international action programme, aimed at guaranteeing economic and social security to old persons, as well as, opportunities to contribute to national development."

(Aging in this context, pertains and refers to the aging of individuals and to aging of total populations. The two are inseparable. Changes in longevity have been accelerating the development of aging populations. At the same time, declining birthrates in most countries have been changing the proportions of the age-groups.)

William Kerrigan of the United States was appointed Secretary-General, and 22 nation-states were designated to constitute the ADVISORY COMMITTEE for the World Assembly:

Benin, Byelorussian SSR, Chile, Costa Rica, Dominican Republic, France, Hungary, India, Indonesia, Japan, Lebanon, Malta, Morocco, Nigeria, Philippines, Spain, Suriname, Sweden, Togo, USSR, United States of America and Venezuela.

A.H.B. de Bono of Malta was elected chairman of the Advisory Committee at the first meeting in Vienna, August 17-21, 1981.

The UN General Assembly requested the UN Fund for Population Activities to be involved in supporting funding. The UNFPA also contributed by publication of its analytical, cross-national study of major aspects of aging: "International Perspectives on Aging: Population and Policy Challenges".

The ADVISORY COMMITTEE was given the responsibility of preparing the draft document to be considered at the World Assembly at Vienna - "Draft International Plan of Action on Aging".

Information, reports and recommendations flowed into the Advisory Committee, on a world scale, from a multitude of sources:

- Regional meetings of experts: Middle East and Mediterranean, Latin America, Asia and Pacific, Africa, North America and Europe (Canadian experts made substantial contributions in participating in the North American Regional Technical Meeting on Aging in Washington, D.C. June 15-19, 1981);
- NGO Forum, held in Vienna March 1982, with 336 delegates from 43 countries and representing 159 organizations;
- United Nations agencies, commissions and bodies such as UNESCO, ILO, WHO and FAO.

The documents which were prepared indicated the commitment of the United Nations to providing a comprehensive data base:

Introductory document: demographic considerations

Introductory document: developmental issues

Aging populations: economic policy considerations

Migration and aging

Aging populations and rural development

Introductory document: humanitarian issues

Aging in the context of the family

Aging and social welfare

Housing, environment and aging

Social development and aging

Problems of employment and occupation for older workers

Transitions between professional life and retirement

Income maintenance and social protection of the older person: income security for the elderly

Income maintenance and social protection of older persons: the role of social security

Health policy aspects of aging

Education and aging

The older refugees

Draft international plan of action on aging

Activities of United Nations system on aging

Report of the Advisory Committee for the World
Assembly on Aging on its third session

Human settlements and aging

Regional plans of action on aging

(Listed in the Draft Report of the Main Committee:
A/CONF 113/MC/L27*)

Attending the World Assembly on Aging in Vienna were
representatives of the following nation-states:

Afghanistan	Djibouti
Algeria	Dominican Republic
Angola	Ecuador
Argentina	Egypt
Australia	El Salvador
Austria	Ethiopia
Bahrain	Finland
Bangladesh	France
Belgium	Gabon
Benin	Gambia
Botswana	German Democratic Republic
Brazil	Germany, Fed. Republic
Bulgaria	Greece
Burundi	Guatemala
Byelorussian SSR	Guinea-Bissau
Canada	Haiti
Cape Verde	Holy See
Central Africa Republic	Hungary
Chad	Iceland
Chile	India
China	Indonesia
Colombia	Iran
Congo	Iraq
Costa Rica	Ireland
Cuba	Israel
Cyprus	Italy
Czechoslovakia	Ivory Coast
Democratic Kampuchea	Jamaica
Democratic Yemen	Japan

Denmark
Kenya
Kuwait
Lebanon
Lesotho
Liberia
Libyan Arab Jamahiriya
Luxembourg
Malawi
Malaysia
Maldives
Mali
Malta
Mauritius
Mexico
Morocco
Mozambique
Netherlands
New Zealand
Nicaragua
Niger
Nigeria
Norway
Pakistan
Panama
Peru
Philippines
Poland
Portugal
Republic of Korea
Romania
Rwanda
San Marino
Saudi Arabia

Jordan
Senegal
Seychelles
Spain
Sri Lanka
Sudan
Suriname
Swaziland
Sweden
Switzerland
Syrian Arab Republic
Thailand
Togo
Trinidad and Tobago
Tunisia
Turkey
Ukrainian SSR
Union of Soviet Socialist
Republics
United Arab Emirates
U K of Great Britain and
Northern Ireland
United Republic of Cameroon
United Republic of Tanzania
United States of America
Upper Volta
Uruguay
Venezuela
Viet Nam
Yemen
Yugoslavia
Zaire
Zambia

Representatives attended from the United Nations Council of Namibia; Development and International Economic Co-operation of the United Nations; Department of the UN International Economic and Social Affairs.

Also from the following:

the Economic Commissions for Europe, Latin America, Asia and the Pacific, Africa and Western Asia; the United Nations Development Programme, High Commissioner for Refugees; Fund for Population Activities; Industrial Development Organization; Relief and Works Agency for Palestine Refugees in the Near East; and Joint Staff Pension Board;

and from the

International Labour Organization; Food and Agricultural Organization of the UN; United Nations Educational, Scientific and Cultural Organization; World Health Organization; as well as representatives of the European Economic Community, League of Arab States, and a number of NGOs in consultative status.

The World Assembly on Aging in Vienna used two meeting places:

HOFBURG PALACE CONFERENCE CENTRE

SPANISH RIDING SCHOOL

which are adjacent to each other, as part of the complex.

The plenary sessions and presentations were held in the ballroom of the Palace Conference Centre which also housed the secretariat, press facilities and registration.

Sessions of the MAIN COMMITTEE were conducted in the arena of the Spanish Riding School. The task of the Main Committee was to consider, leading to acceptance, the DRAFT INTERNATIONAL PLAN OF ACTION. (The formal acceptance took place in the Palace ballroom at the final plenary session.)

Sessions in the Palace ballroom and in the Riding School were mornings from 10 to 1:00, and afternoons from 3 to 6:00 weekdays. (The Main Committee worked on Saturday because it ran behind schedule.)

Instantaneous translation service was in English, German, Russian, Arabic, Chinese and Spanish.

TWO DIFFERENT STYLES WERE FOLLOWED IN THE PALACE BALLROOM AND IN THE ARENA OF THE SPANISH RIDING SCHOOL. EACH HAD A FULL COMPLEMENT OF REPRESENTATIVES (depending on whether countries were able to send their full quota).

In the Spanish Riding School, the Main Committee went over the Draft Plan of Action which had been prepared by the Advisory Committee of 22 nation-states. (Mr. de Bono was chairman of both committees.)

Apart from the opening and closing ceremonies, the Ballroom sessions were devoted to each nation-state and certain non-governmental organizations, presenting 20-minute statements regarding the state-of-aging in their countries.

(The presentation by Senator Maurice Riel is reprinted herein, in its entirety, because of its significance to us in considering the place of senior citizens in the Canadian Society.)

The presentations indicated the wide differences in the state-of-aging throughout the world. They show that improvements depend on historical, cultural, political, religious, economic, technological and institutional forces.

PRESS SUMMARIES were released on the statement presented in the Ballroom sessions. Several are reproduced here to provide some idea of what was said about the situations at home, and to indicate the range of conditions.

It must be remembered that the statements made were a 20-minute capsule of aging, as seen through the eyes of government people. Also, the press summaries were a further compression.

Press Summary

CHINA'S REPRESENTATIVE ADDRESSES WORLD ASSEMBLY

Following is a brief summary of the statement made by Yu Guanghan (China) in the World Assembly on Aging this afternoon.

At present, China's demographic make-up is still relatively young. China had over 40 million people aged 60 and above in 1953, accounting for 7 per cent of the total population. In 1980, the estimated number, aged 60 years and above, was about 80 million, making up about 8 per cent of the total. It is estimated that by the year 2025 the number will reach 280 million, or about 20 per cent of the total population.

In recent years, China has done a great deal of work to control the population growth and practise family planning, but it has yet to make a deep study and gain a clear understanding of the development of the aging population and its impact on economic and social development. China is ready to learn the experiences and lessons of other countries and benefit from their useful knowledge and techniques.

The aged deserve and are entitled to the right of being respected, taken good care of and supported by their families and the society. Such an approach and attitude towards the aged helps to formulate appropriate guiding principles and policies, accelerate economic development, bring about social stability, advance social ethics and customs as well as defend the honour and rights of the aged.

In China, in general, retired workers get a monthly pension of 60 to 90 per cent of their wages, according to their years of service. Those who have made outstanding contributions get a higher pension or even a pension as much as their former wages. All retired workers enjoy free medical care.

According to Chinese tradition, most old people live with their children and grandchildren. In this way, the old and young look after each other, and the old can enjoy a happy life and bring up the young. Efforts have been made to keep the old people who live in homes for the aged and in social welfare institutions, in touch with the outside world and to engage in activities within their ability in the interest of their own physical and mental health.

Through this World Assembly, China wishes to learn from the experience of other countries, explore possibilities for technological co-operation and assistance, and establish contacts with friendly countries and relevant international organizations in this area. China is in favour of designating a day as the "International Aged People's Day".

Press Summary

CAMEROON'S SOCIAL AFFAIRS SECRETARY-GENERAL SPEAKS

Following is a brief summary of the statement made this morning, by Mbonjo-Ejangie Ammanuel, Secretary-General of the Ministry of Social Affairs of the United Republic of Cameroon, in the general debate of the World Assembly on Aging.

The last general population census of the United Republic of Cameroon, has shown that the population is a young one. One in two inhabitants is under 20 years of age. There is still a high birth rate and death rate in Cameroon, as in many developing countries. Adults between 15 and 59 comprise about 50 per cent of the population. The actual active population, sustaining the economic activity of the country, is about 40 per cent of the total. They tend to be more heavily concentrated in the urban areas rather than the rural areas.

The average number of dependents per worker in Cameroon is expected to grow. The problem of the aged is linked to that of the young. The government has established a system of pensions in Cameroon. In order to ensure a certain security for the rural population, the government has a project under way with the assistance of the United Nations Fund for Population Activities.

The United Republic of Cameroon believes particularly in the role of the family in the care of the aged. Devotion, affection and respect should be given to all aged by the family. The rise of individualism and modernism tends to erode the traditional family's solidarity, and all efforts have to be made to halt that erosion. In developing countries, the elderly have always been the symbol of wisdom, and when an elderly person dies, it is thought of as the disappearance of a whole library.

The aged cannot be considered merely as a group that has to be placed in an institution. Home care should be developed, even if it requires substantial resources. The burden carried by the family in the care of the aged has to be shared. It is necessary to cultivate a spirit of co-operation.

The draft international plan of action will be welcome to all. The new world order on aging, however, will have to be applicable to each region and to each country.

Press Summary

WORLD ASSEMBLY HEARS SWEDEN'S MINISTER OF HEALTH AND SOCIAL AFFAIRS

Following is a brief summary of the statement made this afternoon by Karin Soder, Minister of Health and Social Affairs, Sweden.

The phenomenon of aging is a natural part of life, and not something that segregates an elderly person from life itself. The natural contact between generations is something that must be cherished. That is to say, cherish it where it survives and restore it where it has been lost. Senior citizens should be given the status of an asset to the community -- an asset necessary to social development.

This aim can be achieved by the use of social planning. Short distances between homes and amenities, proximity to nursing and care, proximity to employment and education, for example, are components of everyday life which contribute towards a sense of community between people of different ages.

The elderly must be enabled to remain in their homes and accustomed surroundings for as long as possible. This demands properly organized social services and decentralized medical care. In old age care, personal integrity must be respected. People should have the right to determine their own lives and make their own decisions. The elderly should be able to influence not only their own environment, but also society as a whole.

In a population like Sweden's, with about 30 per cent of all 70 year-olds entirely free from symptoms of illness, it is natural that the question of entitlement to work after retiring should come up for discussion. The slow economic growth prevailing in many of our countries constitutes a challenge to the makers of both social policy and health policy. Demands for social justice must be placed in the forefront. The right of the elderly to basic economic security must never be set aside.

Governments are spending \$1 million a minute on armaments. This is a stupendous waste in a world which ought to be banking all it has on mobilizing human and material resources to ensure survival and security, and to bridge the gaps between industrialized and developing countries.

Disarmament is needed in order to achieve lasting peace in the world. Only then will there be hope for the elderly and a future for the young.

The plan of action should be thought of as a long-term goal, a direction to follow and a source of inspiration to all people all over the world who work with the question of aging. Action at the national level will always be the most important instrument to achieve success. Therefore, it is vital that governments take on the task to establish a national plan of action in matters related to aging, and a national set of priorities and programmes.

The Centre for Social Development and Humanitarian Affairs should be the focal point within the United Nations system for the continuing work of the international community within the field of aging.

The mandate for the Trust Fund for this Assembly should not be prolonged and changed into a fund for technical co-operation activities. Instead, any surplus in the Fund should be put at the disposal of the Centre for international follow-up activities in the field of aging. As an alternative, the surplus could be transferred directly to the United Nations Development (UNDP) Programme for purposes specified in the mandate of the Fund. To fulfill its tasks, the Centre needs adequate substantive and administrative resources. Sweden is prepared to support well-founded requests from the Secretary-General for adequate staffing.

Press Summary

ALGERIA'S REPRESENTATIVE SPEAKS IN WORLD ASSEMBLY

Following is a brief summary of the statement made this afternoon by Z'hor Ounissi in the general debate of the World Assembly on Aging.

Algeria has begun vast changes in order to ensure social, economic and cultural benefits for all its citizens. Social progress should not be considered to be a ransom that must be paid as the price of development.

Algeria is committed to improving the material conditions of the people by strengthening the family. It has recently improved its social security system and now the State will take the responsibility for health and will provide pensions.

The citizens of Algeria have a life outside of their work and the Government is committed to enhancing the quality of life, in particular in housing, health and social welfare. The problem of the aging must be dealt within social planning.

The recent transformations which have occurred in Algeria will improve the quality of life for the elderly and other groups. Research will be undertaken in the field of gerontology so that the elderly can play their full role in society.

Related to the problem of the elderly, the protection of migrant workers must be considered. In particular, legal and social welfare provisions covering these unfortunate workers should be examined.

The Zionist invaders have taken over Lebanon. It is the duty of world assembly such as this to support the Palestine Liberation Organization (PLO) and its legitimate claim to the homeland of the Palestinian people. The international community must work to put an end to inequality, dependence and domination. It must assume responsibility for a new approach to development.

Press Summary

WORLD ASSEMBLY HEARS SOCIAL WELFARE DIRECTOR-GENERAL OF SUDAN

Following is a brief summary of a statement made this morning by Rasida Abdel Mutalb, Director-General of Social Welfare in the Sudan, in the general debate of the World Assembly.

The problem of aging in the Sudan cannot be separated from the general social and economic problems facing the country.

The Sudan is mainly an agricultural economy, but the enormous areas which it covers makes communications difficult. It has 17.3 million inhabitants, 80 per cent of whom live in rural areas, and 12 per cent of whom are nomads. Of the total population, 10 per cent live in the cities, but 10 to 40 per cent of these people still seek pastoral land and seasonal work. This causes enormous problems in the urban areas.

The Sudan has a young population -- about 80 per cent of the people are young. Those who, through youth or old age, are dependent on the workers, make up about half the population. This decreases the per capita income throughout the country. The age for retirement in the Sudan is 55 for optional retirement and 60 for mandatory retirement. However, the average life expectancy is 49 years.

Women play an enormous role in development. They make up the highest percentage of the illiterate population but they enjoy full equality in all aspects of life. They cannot be forced to live with spouses they have left; they have seats available in political offices; and they have a legal right to eight weeks of paid maternity leave.

The family is the basic unit of society in the Sudan, and the State is obliged to protect it against the forces of disintegration. However, the majority of women do not play a full role in the family or in society because of their illiteracy. They are not fully involved in the decision-making processes, but usually rely on husbands and brothers.

The family is responsible for all aspects of protection and education of the young, old and disabled. The State confines itself to laying down guidelines.

The elderly enjoy full care and have an important role in the Sudanese society through the family. They enjoy special prestige and respect in the community. In the Sudan, there are two institutions which ensure the welfare of the elderly in the northern provinces, and one in the southern provinces.

Plans for the next decade include integrated social programmes for the family, children, women and for the aging who have been abandoned.

COMMON THEMES RAN THROUGH PRESENTATIONS TO THE WORLD ASSEMBLY ON AGING

One common theme ran through all presentations:

"The family is still the primary unit. It should be supported in order to maintain its strength."

One common theme ran through presentations by developing countries:

"Improvements in living and health conditions for older people depend on first improving economic conditions."

For these countries, the elderly cannot be considered apart from the well-being of others.

One common theme ran through presentations by developed countries:

"They have their support systems in place."

For these countries, there is concern that the cost of improving the quality of service and of expanding services to meet the growth of the older population, will be an economic burden.

Canada's presentation, by Senator Maurice Riel, was different. It is reproduced in its entirety in the following section.

Section Four

Senator Riel's Address

SECTION FOUR

SENATOR MAURICE RIEL'S ADDRESS
TO THE WORLD ASSEMBLY ON AGING

For us in Canada, the Senator's address to the Plenary Session in the Palace Ballroom, is a document of prime importance. It underlines the democratic and philosophical context in which our social programs are initiated, developed and supported.

SENATOR MAURICE RIEL'S ADDRESS
WORLD ASSEMBLY ON AGING

Madame President, fellow delegates, ladies and gentlemen:

First, please accept my congratulations, (Dr. Hertha Firnberg, Austria's Minister of Science and Research) Madame President, and those of the Canadian Delegation on your election as President of the Assembly. We wish to congratulate, also, all those elected to the Bureau, and to thank the Government of Austria for taking the responsibility of so kindly hosting this important meeting. Under-Secretary-General Ripert has, I am sure, by his incisive introductory statement, set the stage for our deliberations, and the statements which have already been made justify this lofty term.

CANADIAN PERSPECTIVE

Canada supported wholeheartedly the plans of the General Assembly of the United Nations, for a World Assembly on Aging.

Over the years, Canada has put in place social measures to ensure the well-being of the elderly. We humbly believe that these measures rank among the most advanced in the world. These efforts on behalf of the aging reflect a philosophy widely shared among Canadians.

This philosophy has three related aspects:

FIRSTLY, Canadians believe in the inherent worth and dignity of all persons, and in their right to participate fully in society. In the case of the aging, although the right to participate is, as for others, recognized, unfortunately it has not been fully respected. Our task is to find ways for the full enjoyment and exercise of this right on the part of the aging.

SECONDLY, Canadians believe in the importance of voluntary action, in the importance of the activities of ordinary citizens organizing themselves to address issues of particular concern to them.

In the past, innovative ways by which ordinary people could, through voluntary action, assist their less fortunate neighbours, have resulted from efforts of the non-governmental sector, and we expect to see more such developments in the future.

THIRDLY, Canadians believe in the fundamental role of social security in providing protection against the hazards of unemployment, sickness and old age -- circumstances which can be met by society acting together, but which can be catastrophic for individuals and families left to cope by themselves.

Canada has sought to provide all Canadians aged 65 and over with a minimum assured income through public programs. Although we foresee improving this system further by increasing benefits to some categories of recipients, the program has shown itself to be effective, and enjoys the strong support of the people of Canada.

Medical and hospital care, and provisions to ensure that services are available when needed, are as important as income support, particularly to the aging, who could otherwise, in certain circumstances, see much of their income being eroded. The Canadian medical and hospital insurance system provides public, universal and comprehensive coverage and achieves these priority objectives.

When we comment on the provisions of an International Plan of Action on Aging, our comments will reflect our concern for the joint participation of the aging, the non-governmental sector, and for social security which, obviously, has a fundamental role.

Canadians have always tended to think of Canada as a young country. In fact, we are very much in the middle of the road when it comes to an aging population. We still have a young population compared to many other developed countries, but at the same time, a population that is fairly rapidly aging.

Although the impact of demographic change should not be as great on Canada in the next decade as on some countries, and the necessary infrastructure to meet it is largely in place, there are areas of weakness in our programs which we must address. One, which is particularly topical in Canada now, is pension reform.

In the spring of 1981, the Minister of Finance and the Minister of National Health and Welfare, summoned Canada's First National Pensions Conference, called because of the realization that the existing mix of public and private pensions in Canada results in inadequate coverage of the labour force, inadequate protection against inflation, loss of pension entitlement by mobile workers, and special barriers to women gaining pension entitlements.

This conference served to demonstrate the complexity of the issues and the diversity of opinions on the subject. At the same time, it has put pension reform on the national agenda in Canada, and the Government of Canada expects to put forward concrete proposals to initiate public discussion in the near future.

CANADIAN PREPARATION FOR THE WORLD ASSEMBLY ON AGING

The Canadian Governmental Report on Aging and the Canadian Non-Governmental Organizations' Report represent an intensive co-operative effort by all the sectors in Canada involved with aging. You see here the definite commitment of Canadians to diversity and dialogue, a commitment which we believe is as important at the international level as it is in Canada.

The letters which the government has received from many Canadians, and the statements heard at meetings with senior citizens organizations, demonstrate the lively interest in this Assembly of all Canadians, and the great hopes it has raised for further progress in enhancing the role of aging in society. Canadians are taking this Assembly seriously and have put an immense amount of work into preparations for it.

This work has been done not only by elected representatives of the Canadian people and officials at various levels of government, but by many Canadians from all walks of life, by local bodies and by national, provincial and territorial non-governmental organizations.

The intensive preparatory effort reflects the constitutional reality of Canada as a federal state in which the provision of health and social services is a provincial responsibility, with the provinces possessing a very large degree of autonomy and responsibility in the field, and in which the federal government has a traditional interest in establishing national standards in the field of social security and in ensuring an equitable distribution of revenue from one region of the country to another.

The procedures for drafting the Canadian Governmental Report on Aging are a consequence of this inter-twining of responsibilities. The lead role was taken by the federal government, specifically by the Federal Department of Health and Welfare. At the same time, the provinces and territories worked closely and constructively with the Federal Department of Health and Welfare to draft a document acceptable in all essential aspects, to all jurisdictions.

A report drafted by a committee proverbially lacks substance. It is a tribute to the commitment of all the participants in the process, and their determination to assist the aging, that they have produced a substantial document, and one which does not avoid noting and criticizing the weaknesses in our present programme. As you see, we are determined to take seriously the United Nations General Assembly's charge to focus on ways of achieving concrete solutions to the various issues related to aging.

Canadians have a long tradition of voluntary action to address social problems and to benefit their neighbours. The voluntary sector is involved in a variety of activities that are relevant to aging and the aged. Moreover, Canada's senior citizens are active participants in many voluntary organizations and activities, and they are most compelling in representing their interests and their concerns to government.

The Canadian non-governmental organizations have prepared a report for the World Assembly on Aging which is a companion to the Canadian governmental report. Work on this (NGO) report was co-ordinated by the National Advisory Council on Aging. Early this year, the Council convened a national meeting of voluntary organizations in the field, from all across the country -- national and provincial organizations, and in some cases, local organizations according to their importance.

CANADIAN OBJECTIVES

The World Assembly on Aging is the first international governmental conference concerned with aging ever to be held. Our support of the proposal to convene the World Assembly on Aging, clearly indicates our desire to see it achieve the adoption of an International Plan of Action on Aging -- "aimed at guaranteeing economic and social security to older persons, as well as opportunities to contribute to national development".

The Draft International Plan of Action on Aging provides a beginning for our work to this Assembly, and we must now proceed to adopt an International Plan of Action which can guide the further efforts that we must undertake. The Secretary-General and his secretariat, the regional working groups, the Advisory Committee, and the Department of International Economic and Social Affairs -- are to be commended for their efforts.

We share the primary aims of the Plan, as stated in the draft, which are to advance the national and international understanding of the important implications of the aging of the population, and to strengthen, at every decision level, the capacities of nations to deal effectively with the problems and opportunities posed by the aging of the population.

We acknowledge that primary responsibility for the formulation and implementation of its own policies on aging rests within each country. An International Plan of Action will, however, be relevant to our own efforts in furthering the development of policies and planning in respect to the aging. We view the World Assembly as a catalyst, and visualize the Plan of Action, once adopted, as a useful tool in focusing our own efforts.

While we are prepared to react favourably to most of the specific recommendations in the Plan, we are of the opinion that greater attention must be given to meeting the particular needs of older women. Older women constitute the majority of older people and are often the first victims of the loss of social supports. Also, we should stress the valuable social and economic resources which the aging themselves can contribute. The aging are an important pool of talent and experience that could be tapped more effectively for the benefit of the whole society.

We believe that more effort should be made to acknowledge and promote the important role of the non-governmental sector in the delivery of public-sector health and social services.

Our approach to the Plan of Action is influenced by several considerations.

- We believe the independence of the individual and the family to be fundamental, and believe that older persons should be supported to the fullest extent possible to remain in their own communities, living in their own homes, and for as long as feasible.

- We recognize the benefits to individuals, and therefore to society, which can result from increased physical fitness, a positive outlook and full participation in society.
- We accept that human potential cannot be bounded by chronological age, and are committed to work towards the creation of conditions which allow individuals and families to realize their fullest potential, as well as a more meaningful role for aging in society and in programmes which benefit them.
- We favour stronger encouragement of gerontological research and education.

FOLLOW-UP TO THE WORLD ASSEMBLY ON AGING

The issues of aging and development are global issues. It is incumbent on all nations to address them according to their particular needs and capacities. We, of the Canadian delegation, are here to learn from the experience, aspirations and plans of other countries, both developed and developing. I can assure you that when we return to Canada, we will strive to put into practice what we have learned.

Let me now outline some of Canada's hopes for the future to meet the needs of the aging in our own country, and to give them appropriate opportunities to contribute to its development.

First, we recognize the importance of promoting research and spreading the knowledge we already possess. Already, the Government of Canada has identified aging and the aged as a target group in its research and development strategy in the social sciences and humanities, as well as in the natural and applied sciences, including medicine and engineering.

It is our belief that Canada can make its most significant contribution to the cause of development in this field by supporting research and sharing knowledge. Canada has significant experience in supporting research and sharing knowledge in the development context, as is shown by the successful activities of the Canadian International Development Agency and the International Development Research Centre.

It is important, when we return to Canada, that all our major domestic participants, the federal and provincial governments, and the non-governmental organizations, follow through on what we have learned here -- and that they develop their own action plans and strategies relevant to their needs and their jurisdictions. In this way, the needs of the aging in our country, in future years, will be met, we hope, in an adequate fashion.

We all wish to maintain the impetus that the World Assembly on Aging has given to a cause which is necessarily very close to us all. We intend to report to Canadians on this Assembly and on the International Plan of Action on Aging, in the forum of a Conference on Aging, which the Minister of National Health and Welfare hopes to convene in a few months, and certainly within a year.

At this Conference, the priority issue will be to develop strategies which can be applied at the local, provincial and national levels to meet the needs of an aging population.

CONCLUDING REMARKS

This present World Assembly on Aging, meeting here in Vienna, is considering a phenomenon that is new in human history. We should remember that it is a phenomenon that previous generations would have regarded as a triumph for humanity, and rightly so.

A long, vigorous and productive life, enjoyed by an increasing proportion of the population of the world, should be seen as one of the most impressive achievements of the 20th century. It is a tribute to the progress and success of all nations, developed and developing, in improving the well-being of their citizens. Therefore, we should pursue our deliberations here, and the activities which follow. It is necessary to further advance the well-being of our people, and to continue our efforts in the spirit of optimism which should permanently and consistently accompany the long march of humanity towards happiness.

FINAL WORD

I wish to conclude, Madame President, by giving you a page from an anthology which I found while browsing among the bookstalls in Paris on the quais of the Seine, a page that can be the credo of senior citizens. It is signed "McArthur"; perhaps it is the General.

This is what it says:

YOUTH!

Youth is not a time of life, it is a state of mind; it is a temper of the will, a quality of the imagination, a vigor of the emotions, a predominance of courage over timidity, of the appetite for adventure over love of ease.

Nobody grows old merely by living a number of years, people grow old only by deserting their ideals; years wrinkle the skin, but to give up enthusiasm wrinkles the soul. Worry, doubt, self-distrust, fear and despair, these are the long, long years that bow the head and turn the growing spirit back to dust.

Whether seventy or sixteen, there is in every being's heart, the love of wonder, the sweet amazement of the stars and the starlike things and thoughts, the undaunted challenge of events, the unfailing childlike appetite for what is next, and the joy and the game of life.

You are as young as your faith, as old as your doubt; as young as your self-confidence, as old as you fear; as young as your hope, as old as your despair.

So long as your heart receives messages of beauty, cheer, courage, grandeur and power from the earth, from man, from the infinite, so long you are young.

When the wires are all down and all the central place of your heart is covered with the snow of pessimism and the ice of cynicism, then you are grown old indeed, and may God have mercy on your soul. (End of quote)

Madame President, I would wish, in the name of the Canadian delegation and of my Minister of Health and Welfare, Monique Bégin, to leave you an illuminated scroll, as a memory of the page I have just read, at the same time recalling for you and for the Assembly, these lines of Péguy --

"La foi que j'aime le mieux,
dit Dieu, c'est l'Espérance."

Section Five

International Plan of Action

SECTION FIVE

THE INTERNATIONAL PLAN OF ACTION
ON AGING

The Plan was adopted unanimously
by the nations participating in
the World Assembly on Aging in
Vienna:

"The various levels of governments within the nation-states, have the CHALLENGE to convert the adopted principles and recommendations, into appropriate action according to their national and local objectives."

This section summarizes the
principles and recommendations
set out in the Plan of Action.

The Plan of Action was prepared in draft form by the ADVISORY COMMITTEE, and then was worked over by the MAIN COMMITTEE meeting in the Spanish Riding School.

The Plan of Action is an historic document dealing, for the first time, with aging on a world scale.

CANADIAN DELEGATION TO
THE WORLD ASSEMBLY ON AGING

Head of Delegation and Chairman of Canadian Delegation	: Senator Maurice Riel*
Alternate Head of Delegation	: Mr. Maurice P. Copithorne, Canadian Ambassador to Austria and the United Nations in Vienna
Representatives	: Hon. Pierre-Marc Johnson, M.N.A., Minister of Social Affairs, Quebec
	: Hon. Albert Fogarty, M.L.A., Minister of Health and Social Services, Prince Edward Island
	: Hon. Laurent Desjardins, M.L.A., Minister of Health, Manitoba
Alternate Representatives	: Mr. Neil Young, M.P., (Beaches)
	: Mr. Charles Turner, M.P., (London East)
	: Mr. Vincent Dantzer, M.P., (Okanagan North)
	: Dr. E. Michael Murphy, Assistant Deputy Minister, Policy, Planning and Information Branch, Department of National Health and Welfare, Canada
	: Mrs. Mireille Badour, Director, Office on Aging, Department of National Health and Welfare, Canada

* Substituted for Honourable Monique Bégin, Minister of
National Health and Welfare

: Ms. Julie Loranger,
Director, United Nations,
Social and Humanitarian
Affairs Division,
Department of External
Affairs, Canada

Special Advisers:

: Mr. Jim R. Crowe,
Second Secretary and
Vice-Consul,
Canadian Embassy, Vienna

: Mrs. Frances McHale,
Chairperson,
Ontario Advisory Council on Senior
Citizens, Ontario

: Mr. Charles McDonald,
President, National Pensioners and
Senior Citizens Federation,
Ontario

: Mr. Patrice Tardif,
President, Quebec Federation of
Senior Citizens,
Quebec

: Mrs. Yvette Lévesque-Brunet,
Présidente, Association québécoise
pour la défense des droits des
retraités et pré-retraités,
Québec

: Mr. Chuck Bayley,
Member, National Advisory Council
on Aging,
British Columbia

: Mr. Duncan Rogers,
Chairman, Provincial Senior
Citizens Advisory Council,
Alberta

UNITED NATIONS HUMANITARIAN ETHIC
AND WORLD ECONOMIC CONDITIONS COLOUR
PRINCIPLES AND RECOMMENDATIONS FOR ACTION

In welcoming delegates, Austria's president Dr. Rudolf Kirchschlager stated:

"Although the United Nations is an organization of states, its activities and policies must focus on the individual and on mankind..... In an effort to enhance the quality of life of the aging, nations must also strive to achieve the main purpose of the United Nations: to eliminate war, violence and the threat of force in international relations; to aim at disarmament; and to establish a new economic order so as to bridge the chasm between the industrialized and the developing countries."

As they spoke, delegates were very much aware of the economic, social and political conditions in their homelands. Item 24 in the Summary of the General Debate, reads:

"Many delegations pointed out that the Assembly was meeting against the sombre background of a worsening political, social and economic international situation which was bound to affect its deliberations. They said, the topic of aging could not be considered in isolation from the brutal realities of the conflicts which were raging in certain countries and regions, and of which the older segments of the population were victims, no less --- and perhaps, even more grievously affected than the young."

(The World Assembly largely accepted the "care model" which has evolved in the developed/industrialized countries. That model sees government and agency intervention when primary group support fails. The problem with that model is two-fold: it is costly and it stimulates dependency which, in turn, adds to costs.

(Most governmental reports presented in the General Debate revealed the dilemma. In the developed countries, inflation and increasing numbers of elderly are affecting the affordability of support programs. In the developing countries, they don't have resources to cope with the basic needs of their total populations -- needs aggravated by migration from rural settlements to urban centres.

(Our challenge in Canada is to set our own philosophy with respect to aging and the aged, and to set objectives which are compatible with that philosophy. Then must follow the strategies for achieving the objectives. As so many delegations pointed out to the Assembly, action must be related to realities: economic, social, political, cultural and people themselves.

(These realities dwell in Canada just as they do in all developed and developing countries.)

PREAMBLE TO THE INTERNATIONAL PLAN
OF ACTION ON AGING

The countries gathered in the World Assembly on
Aging:

Aware that an increasing number of their populations
is aging;

Having discussed together their concern for the
aging, and in the light of this achievement of
longevity and the challenge and potential it
entails;

Having determined that individually and collec-
tively, they will:

- i) develop and apply at the international, regional
and national levels, policies designed to
enhance the lives of the aging as individuals,
and to allow them to enjoy in mind and in body,
fully and freely, their advancing years in
peace, health and security;

and

- ii) study the impact of aging populations on
development, and that of development on the
aging, with a view to enabling the potential of
the aging to be fully realized, and to miti-
gating, by appropriate measures, any negative
effects resulting from this impact,

Do solemnly reaffirm their belief that the fundamental and inalienable rights enshrined in the Universal Declaration of Human Rights apply fully and undiminishedly to the aging; and

Do solemnly recognize that quality of life is no less important than longevity, and that the aging should therefore, as far as possible, be enabled to enjoy in their own families and communities, a life of fulfilment, health, security and contentment, appreciated as an integral part of society.

THE FOREWORD PLACES THE PLAN IN THE CONTEXT OF OTHER POSITIONS AND PROGRAMS PREVIOUSLY ASSENTED TO BY UN MEMBER-STATES AND UN AGENCIES

The foreword states that, "The Plan of Action should be considered an integral component of the major international, regional and national strategies and programs formulated in response to important world problems and needs.....

"The Plan of Action reaffirms the principles and objectives of the Charter of the United Nations; the Universal Declaration of Human Rights; the International Covenants on Human Rights and the Declaration on Social Progress and Development; the Declaration and the Program of Action on the Establishment of a New International Economic Order and the International Development Strategy for the Third United Nations Development Decade; and the General Assembly resolutions declaring the 1980s as the Second Disarmament Decade."

The foreword states that positions already adopted by the international community, have relevance to the question of aging. These deal with such matters as habitat, primary health care, social security, action for women, world population plan of action, older workers, disabled persons, adult education, and the prevention of crime and treatment of offenders.

THE INTRODUCTION TO THE PLAN PROVIDES THE DEMOGRAPHIC SETTING AND SETS OUT THE TWO ASPECTS: HUMANITARIAN AND DEVELOPMENTAL

Demographic Background:

Only in the past few decades has the attention of national societies and the world community been drawn to the social, economic, political and scientific questions raised by the phenomenon of aging on a massive scale.

Considering the population of 60-and-over, the world figure in 1975 was 350 million; by year 2000, it will be 590 million; by year 2025, over 1.1 billion.

The increase since 1975 through to 2025 will run 224 per cent.

In the same period, the total world population is expected to rise from 4.1 to 8.2 billion, or 102 per cent.

So, 45 years from now, the aging (60-and-over) will make 13.7 per cent of the world's population.

There will be another shift in population balance. In 1975, slightly over 50 per cent of the total 60-and-over, lived in the developing countries. In 2025, it will become 72 per cent.

The changes in real numbers, will also bring a change in the age-distribution. The 60-and-over will form 12 per cent of the population in developing countries by 2025. In contrast, it will be 23 per cent in the developed countries.

Longevity will continue to improve. And women will increasingly form a majority of the older population.

Rural-urban migration is expected to continue. In the developed regions, in 1975, about 2/3 of the aged lived in urban settings. That could become 3/4 by 2000.

In contrast, in the developing countries, only 25 per cent lived in urban centers in 1975; by year 2000, the expectation is that 40 per cent will live in cities.

Two Aspects of Aging, Humanitarian and Developmental:

The International Plan of Action deals with two aspects of aging:

- (1) issues affecting the aging as individuals;
- (2) those issues that emerge from the aging of populations.

This separation is expressed under Humanitarian Issues and Developmental Issues.

HUMANITARIAN ISSUES relate to specific needs of the elderly such as: health and nutrition; housing and environment; social welfare, income security and employment; education and the family.

The humanitarian aspects become a conspicuous issue when the numbers and proportion of elderly demand special attention, especially in the case of older women.

DEVELOPMENTAL ISSUES relate to the socio-economic implications of the aging population, as an increasing proportion of the total population. The issues include the effects of aging on production, consumption, savings and investments; and the impact of these changes on social and economic conditions and policies.

In looking at both humanitarian and developmental aspects of aging populations, the question arises as how best to put to use the experience and wisdom of older persons.

FOURTEEN PRINCIPLES PROVIDE BASIS FOR RECOMMENDATIONS FOR ACTION

Jurisdiction is a sensitive matter in making recommendations. So it is clearly stated before the principles are set out.

"The formulation and implementation of policies on aging, is the sovereign right and responsibility of each State, to be carried out on the basis of its specific needs and objectives."

The Fourteen Principles:
(abridged)

- (a) The aim of development is to improve the well-being of the entire population, on the basis of its full participation in the process of development and an equitable distribution of the benefits therefrom..... In this context, economic growth, productive employment, social justice, and human solidarity are fundamental and indivisible elements of the development; so are the preservation and recognition of cultural identity.
- (b) Various problems of older people can find their real solutions under conditions of peace, security, a halt to the arms race, and a rechannelling of resources spent for military purposes, to the needs of economic and social development.
- (c) The developmental and humanitarian problems of aging can best find their solution under conditions where tyranny and oppression, colonialism, racism, discrimination based on race, sex or religion, apartheid, genocide, foreign aggression and occupation and other forms of foreign domination do not prevail, and where there is respect for human rights.
- (d) In the context of its own traditions, structures and cultural values, each country should respond to demographic trends and resulting changes. People of all ages should engage in creating a balance between traditional and innovative elements in the pursuit of harmonious development.
- (e) The spiritual, cultural and socio-economic contributions of the aging are valuable to society, and should be maintained, strengthened and promoted further. Expenditure on the aging should be considered as a lasting investment.
- (f) The family, in its diverse forms and structures, is a fundamental unit of society linking the generations, and should be maintained, strengthened and protected, in accordance with its traditions and customs.

- (g) Governments, and in particular local authorities, non-governmental organizations, individual volunteers and voluntary organizations, including associations of the elderly, can make a particularly significant contribution to the provision of support and care for elderly people in the family and community.

Governments should sustain and encourage voluntary activity of this kind.

- (h) An important objective of socio-economic development is an age-integrated society, in which age discrimination and involuntary segregation are eliminated, and in which solidarity and mutual support among generations are encouraged.
- (i) Aging is a life-long process and should be recognized as such.

Preparation of the entire population for the later stages of life should be an integral part of social policies. It should encompass physical, psychological, cultural, religious, spiritual, economic, health and other factors.

- (j) The Plan of Action should be considered within the broader context of the world's social, economic, cultural and spiritual trends, in order to achieve a just and prosperous life for the aging -- materially as well as spiritually.
- (k) Aging, in addition to being a symbol of experience and wisdom, can also bring human beings closer to personal fulfilment, according to their beliefs and aspirations.
- (l) The aging should be active participants in the formulation and implementation of policies, including those especially affecting them.
- (m) Governments, non-governmental organizations and all concerned, have a special responsibility to the most vulnerable among the elderly, particularly the poor of whom many are women and many are from rural areas.
- (n) Further study on all aspects of aging is necessary.

INTERNATIONAL PLAN OF ACTION OF AGING
RECOMMENDATIONS FOR ACTION

"The Plan of Action can only include proposals for broad guidelines and general principles as to ways governments, other institutions, and society at large, can meet the challenge of the progressive aging of societies, and the needs of the elderly all over the world."

The recommendations, which follow, are an abridged version from the Report of the World Assembly on Aging.

General Policy Recommendations:

Governments should develop interventions to accompany increases in the elderly population. The interventions should ensure balanced growth and integrated development to compensate for the change in population.

Policies should be directed at the qualitative improvement of life, and should include preparation for retirement.

The elderly should be viewed as an integral part of the population and not as a separate segment.

It is necessary to adapt labor policy, and technology and economic organizations.

Policies should promote opportunities for self-expression, attainable through such activities as:

- continued participation in family and kinship systems;
- voluntary service;
- formal and informal learning;
- involvement in arts and crafts;
- participation in community groups;
- recreation and travel;
- part-time work, and
- participation in the political process.

Impact of Aging on Development:

Attention should be given to the vast and multi-faceted impact that aging populations will have on the structure, functioning and further development of all societies of the world.

Attention must be given to both the changes in real numbers and in the dependency ratios, and to rural development to provide balance and stability.

Aging will continue to be one of the most important structural factors affecting the composition of the labor force.

Pension funds and pension payments have a very significant impact on the performance of the economy. Funds can be a source of capital for development. Pension payments stimulate consumer spending.

Areas of Concern to Aging Individuals:

All aspects of aging are inter-related, and thus approaches should be integrated.

Effort should be directed at emphasizing healthy life-styles, and at work-role modifications.

It is expected that, as men and women live to greater ages, major disabilities will be largely compressed into a narrow range just prior to death.

Health and Nutrition Recommendations:

1. Rehabilitation should be as important as curative treatment. Care should be designed to alleviate handicaps; re-educate remaining functions; relieve pain; and re-orient hopes and plans, particularly of the elderly.
2. Care should go beyond disease orientation. It should involve the total well-being including mental, social, spiritual and environmental:

"Health efforts, in particular, health care as a strategy, should be directed at enabling the elderly to lead independent lives in their own families and communities, for as long as possible, instead of being excluded and cut off from all activities of society."

3. Early diagnosis and appropriate treatment are required to reduce disabilities and diseases of the aging.
4. Attention should be given to providing for the very old, through non-institutional procedures, such as training and supporting family and volunteers, and providing such services as day-care.
5. Specific efforts should be directed to the needs of the dying and their kin.
6. Co-ordination of social and health care services can be and should be carried out to improve efficiency and reduce costs. This co-ordination should include interdisciplinary training, and also the involvement of family and community resources.
7. Professionals and all workers in health care should be appropriately trained. The training should include ways to involve the elderly themselves and their families, in care.
8. The control of the lives of the aging should not be left solely to health, social service and other caring personnel. Aging people know what is needed and how best it should be carried out.
9. Participation of the aged in the development of health care and the functioning of health services, should be encouraged.

The fundamental principle in the care of the elderly should be to enable them to lead independent lives in their communities for as long as possible.

10. Health and health-allied services should be developed to the fullest extent possible in the community. These services should include a broad range of ambulatory services such as: day-care centres, out-patients clinics, day hospitals, medical and nursing care, and domestic services.

Institutional care should always be appropriate to the elderly.

11. An efficient assessment procedure is essential for prevention, diagnosis, treatment and rehabilitation.
12. Adequate and appropriate nutrition is essential for the aging. Therefore, policies and programs should ensure this happens.

13. Efforts to develop home care should be intensified. Home care should be backed up with sufficient medical, paramedical, nursing and technical support.
14. Positive life-styles should be inculcated in the young.
15. Governments should deal with the hazards of cumulative noxious substances such as radioactive and trace elements and other pollutions.
16. Priority should be given to preventing home and traffic accidents, and those caused by over-medication.
17. International exchange of information and co-operation in research, should be promoted in the health field.
18. Governments should give attention to consumer protection for the aged, and to providing for special requirements in medications, hearing-aids, dentures, eye-glasses and other prosthetics.

Government agencies should co-operate with the non-governmental bodies in these programs.

Housing and Environment Recommendations:

19. Housing for the elderly must be viewed as more than only shelter. Policies should cover location, facilities, safety and support services.

National goals should be such that they help the aged to live in their own houses as long as possible.
20. When urban rebuilding and development are taking place, attention should be given to the needs of the elderly and to their integration.
21. National guidelines for human settlements should consider the elderly and the socially disadvantaged.
22. Attention should be given to designs which will facilitate mobility and communication. This includes thinking about transportation.
23. Safety from crime should be considered, including police protection.

24. Whenever possible, the aging should be involved in housing policies and programs for the elderly population.

Family Recommendations:

25. Because the family is a fundamental unit of society, governments should encourage policies encouraging the maintenance of family solidarity among generations.
26. In the planning and provision of services, the needs of the family and other volunteer care-givers, should be considered.
27. Special attention should be given to the needs of elderly women, especially widows and women alone.
28. Children should be encouraged to support their parents.
29. Governments and non-governmental bodies should be encouraged to establish social services, to support the whole family when there are elderly people at home, and to implement support measures for low-income families who wish to keep elderly people at home.

Social Welfare Recommendations:

30. Social welfare services should have as their goal, the creation, promotion and maintenance of active and useful roles for the elderly for as long as possible, in and for the community.
31. Co-operatives have a useful role in providing services for seniors. Seniors, themselves, can be full members or consultants in the programming.
32. Self-help should be encouraged as should the involvement of younger people on an intergenerational basis.
33. Governments should encourage volunteers through incentives. They should encourage older persons in part-time work through incentives by softening regulations applied to benefits.
34. Quality of life should be paramount in providing institutional care; and minimum standards should be set.

35. Governments and NGOs should encourage seniors to form self-help groups.

Income Security and Employment Recommendations:

36. Governments should take appropriate action to ensure all older persons an appropriate minimum income, and should develop their economies to benefit all the population.

The social security systems should provide universal coverage for older people, and where not possible, other approaches should be developed to meet the needs and maintain independence.

The social security system should provide for the needs of older women and for older workers who are unemployed or are incapable of working.

37. Governments should facilitate participation of older persons in the economic life of their society. Steps should be taken to eliminate discrimination against older workers. Ability to work should be the deciding factor, rather than age.
38. Older persons should enjoy satisfactory working conditions.
39. Medical staffs should be trained in occupational diseases, and there should be pre-retirement medical checks.
40. Governments should take, or encourage, measures which will ensure a smooth and gradual transition from work to retirement. Pensionable age should be more flexible.
41. Governments should adopt standards set by the International Labor Organization, regarding older workers.
42. Migrant workers should have their social security coverage protected.
43. Elderly refugees should be accepted by receiving countries.

Education Recommendations

44. Educational programs featuring the elderly as the teachers and transmitters of knowledge, culture and spiritual values should be developed.
45. Education should be made available to the elderly as a basic human right.
46. The mass media should undertake to educate the general public about the process of aging, and about the aging, in positive ways.
47. The concept of life-long learning should be promoted with emphasis on self-reliance and community responsibility.
48. Easy access should be provided at cultural centres, for the elderly as audience and as participants.
49. Education programs regarding aging should be started with the children. The aged or their representatives should be involved in developing and carrying out these programs.
50. Effort should be made to counteract stereotyping where this exists.
51. Comprehensive information on all aspects of their lives should be made available to the aging, in clear and understandable forms.

INTERNATIONAL PLAN OF ACTION ON AGING PROMOTION POLICIES AND PROGRAMS

The full realization of the International Plan of Action depends on the implementation of all international documents, strategies and plans.

In promoting policies and programs within the framework of the Plan of Action, the following agencies should give maximum assistance to all countries requesting it:

- Centre for Social Development and Humanitarian Affairs;

- UN Fund for Population Activities;
- UN Development Program;
- UN Department of Technical Cooperation for Development.

Other UN agencies, governmental and NGOs should also give maximum assistance to countries requesting assistance.

Data collection and Analysis Recommendations:

52. Governments are urged to allocate resources to codify relevant data by: sex, age-groups, income levels, living arrangements, health status, and degree of self-care.
53. Governments and relevant institutions should maintain information exchange facilities such as data banks on aging.

Training and Education Recommendations:

54. Education and training programs should be multi-disciplinary, and requirements for certification should be regulated.
55. Governments and non-governmental organizations should have trained personnel in aging, working for them. They should strengthen their efforts to spread information about aging.
56. Retiree and elderly organizations should be involved in planning for and carrying out exchanges of information.
57. Practical training centres should be promoted.
58. At national and international levels, attention should be given to working in the problems of aging, into planning and policy development and management.
59. Training in gerontology and geriatrics should be given prominence in all educational programs.

Research Recommendations:

60. Research should be conducted into humanitarian and developmental aspects of aging. It should be done at local, national, regional and global levels.

Research should be in at least the biological, mental and social fields.

Basic and applied research of universal interest include:

- a) the role of genetic and environmental factors;
 - b) impact of biological, medical, cultural, societal and behavioural factors on aging;
 - c) influence of economic and demographic factors, including migration, on social planning;
 - d) use of skills, expertise, knowledge and cultural potential of the aging;
 - e) the postponement of negative functional consequences of aging;
 - f) health and social services for the aging, as well as studies of co-ordinated programs;
 - g) training and education.
61. States, intergovernmental agencies and NGOs should encourage the establishment of specialized institutions to teach gerontology and geriatrics.
62. Co-operation should be developed in exchanging information and research findings.

Special emphasis should be placed on comparative and cross-cultural studies on aging. Interdisciplinary approaches should be stressed.

INTERNATIONAL PLAN OF ACTION OF AGING RECOMMENDATIONS FOR IMPLEMENTATION

Role-of-Government Recommendations:

The role is presented in eight statements:

Success of the International Plan of Action will depend on the extent to which governments respond. NGOs and older people's organizations should be used to the fullest extent.

Each country should decide its own strategies for identifying targets and priorities for its own Plan of Action.

Governments should evaluate and assess conditions: demographic, individual considerations, political, economic, social, cultural, religious and economic.

Architects of national policies and strategies for implementing a Plan of Action should remember the aging are not an homogenous group.

Governments should pay special attention to the lot of elderly women, who are often at a severe disadvantage.

Interdisciplinary and multisectoral machinery are needed within government to work on the Plan of Action. The elderly must be fully integrated into society.

Co-ordination is a basic requirement for any Plan of Action. There should be co-ordinating bodies.

It is best to establish short-term, medium-term and long-term objectives.

Governments should use the mechanisms which were developed to prepare for the World Assembly, for pursuing the recommendations from the World Assembly.

International and Regional Co-operation Recommendations:

Co-operation in implementing the Plan of Action and in establishing a New International Economic Order is essential.

The United Nations General Assembly, the Economic and Social Council, and bodies under the aegis of the UN, are urged to give careful attention to the Plan of Action and to ensure an appropriate response to it.

The Centre for Social Development and Humanitarian Affairs should be the focal point within the UN system, for continuing with the Plan of Action. It should be strengthened by additional resources.

Co-ordination within the UN system should be undertaken by the Administrative Committee on Co-ordination.

The need for new guidelines for implementing the Plan of Action should be kept constantly under review.

All bodies, governmental and non-governmental, should join in the co-operative effort to achieve the objectives of the Plan.

All states are invited to consider a national "Day of Aging".

The International Plan of Action on Aging should be brought to the attention of the bodies preparing for the International Conference on Population, set for 1984.

Technical Co-operation Recommendations:

The United Nations, particularly UN Development Program, and the Department of Technical Co-operation for Development, and subsidiary agencies, should carry out technical co-operation in support of the Plan of Action.

The Centre for Social Development and Humanitarian Affairs should continue to promote and provide substantive support to all such activities.

The Voluntary Trust Fund for the World Assembly on Aging should be used for development in the least developed countries. It should also be used for stimulating technical co-operation and research, and exchanging relevant information.

Aging affects development. Therefore, international assistance and co-operation are essential, and it should be strengthened with the UN Fund for Population Activities taking the lead.

Exchange of Information and Experience Recommendations:

The exchange of information and experience at the international level is the way to stimulate progress and encourage positive measures which respond to the needs of the aging.

Meetings and seminars help in promoting the Plan and in monitoring the implementation.

CSDHA should co-ordinate activities within the UN system.

Standardization of terms and research methodologies should take place.

Governments should promote training of older persons in technologies which improve their situation, especially in agricultural regions.

Regarding the International Youth Year (1985), the UN agency responsible for that should note the International Plan of Action on Aging, and work it into their program.

Appropriate organizations should keep an eye on the guidelines to check their effectiveness and relevance. Conditions in this modern world have the habit of changing.

Regional Action Recommendations:

All institutions with regional mandates should review the Plan of Action on Aging, and contribute to its implementation.

Regional commissions should periodically review regional plans.

Assessment, Review and Appraisal Recommendations:

Each country should do an assessment, evaluation and review, at regular intervals, at its own deciding.

Regional appraisal and review should focus on regional roles in training, research and technical co-operation among developing countries.

The Commission for Social Development should be the inter-governmental body to review implementation of the Plan of Action, every four years. It should make recommendations for updating the Plan of Action.

The Commission should present its findings to the General Assembly of the UN, through the Economic and Social Council.

The Centre for Social Development and Humanitarian Affairs should be the lead agency within the UN system in gathering in reports, from within the system, regarding progress being made to implement the International Plan of Action on Aging.

IN THE VERNACULAR, WE MIGHT SAY
THE BALL IS NOW IN CANADA'S
COURT. NOT JUST FOR THIS
REASON, THE SECOND NATIONAL
CONFERENCE ON AGING HAS BEEN SO
DESIGNED TO ARTICULATE A SOCIO-
POLITICAL-MORAL PHILOSOPHY
REGARDING AGING IN CANADA, AND
TO INDICATE METHODS BY WHICH
OBJECTIVES ON MAJOR ISSUES MIGHT
BE ACHIEVED IN KEEPING WITH THAT
PHILOSOPHY.

MOVING AHEAD WITH AGING IN CANADA

This publication was prepared by Chuck Bayley, one of the thousands of senior citizen volunteers throughout Canada, working to improve the quality of life and position of the aging. He is a member of National Advisory Council on Aging; summarized the feelings expressed in the National Consultation on Aging organized by the Council, into the NGO Report on Aging; and participated with the Canadian Government delegation to the UN World Assembly on Aging held in Vienna.

